

**SALEM CENTRAL SCHOOL DISTRICT
Employee Leave Form**

Employee _____ **Position** _____

Directions: This form will be used by staff to request all leaves of absence (personal illness, etc.) and to report all absences not previously requested. A copy will be provided to the employee and the original will be retained by the Business Office.

No.	Reasons	Dates		Total No. Days	Previously Used	Total Year to Date
		From	Thru			
1	Illness					
2	Family Illness					
3	Vacation					
4	Bereavement					
5	Personal					
6	Jury Duty					
7	Other-Explain					

Time: _____ **Full Day** _____ **Half Day**

Employee's Signature

Date

Supervisor's Signature

Date

Superintendent's Signature

Date

Return completed form to the Superintendent's Office, after Supervisor's approval is obtained.